

Original Research Article

Bullying among middle school students: a cross sectional study

Gitashree Dutta¹, Vizovonuo Visi^{1*}, Shantibala Konjengbam², Rikrak Ch. Marak¹

¹Department of Community Medicine, NEIGRIHMS, Shillong, Meghalaya, India

²Department of Community Medicine, RIMS, Imphal, Manipur, India

Received: 07 December 2020

Accepted: 19 January 2021

*Correspondence:

Dr. Vizovonuo Visi,

E-mail: vizovonuovisi@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Bullying is threat or physical use of force, aiming at the individual, another person, specific community or group which can result in injury, death, physical damage or some development disorders or deficiency. These actions can consist of physical contact, verbal, through obscene gestures, or through intentional exclusion from group. Despite the common assumption that bullying is a normal part of childhood and encompasses minor teasing and harassment, researchers increasingly find that bullying is a problem that can be detrimental to students' well-being. Bullying is a psychological problem connected with public health. Keeping this background in mind, this study was conducted to find out the prevalence of bullying and its association with socio-demographic characteristics in school going children.

Methods: This cross-sectional study was done among 921 students of Class VII and VIII, belonging to both Government and Private schools in Imphal West District, Manipur in 2017, using a self administered questionnaire. Data was entered in IBM SPSS Statistics for Windows, version 21.0. Armonk, NY: IBM Corp software for windows. Descriptive statistics like mean, SD and percentage was used. Chi square test was used to test for association between proportions of the data. A probability value of <0.05 was taken as significant.

Results: Out of 921 participants, 32.4% were victims of bullying, 16.7% participants were both bully and victim. Decrease in self-confidence, reluctance to go to school and feeling unsafe at school were the consequences after getting bullied.

Conclusions: Almost half of the students were victims of bullying. The high prevalence of bullying and victimization shown in this study suggests the need of prevention and intervention programs at the start of elementary school.

Keywords: Bullying, Middle school students, Manipur, Peers, Psychological

INTRODUCTION

According to World Health Organization, bullying is threat or physical use of force, aiming at the individual, another person, a specific community or group which can result in injury, death, physical damage, some development disorders or deficiency. These actions can consist of physical contact, by words, through facial or obscene gestures, or through intentional exclusion from a group.¹ Essential components of bullying behaviour are intention to harm, harmful outcome, direct or indirect acts, repetition and unequal power.² Bullying includes

direct and indirect forms of aggression. Physical and verbal aggression are direct forms of bullying, consisting of an overt expression of power.³⁻⁵ Indirect bullying primarily consists of relational aggression, which includes social exclusion of victims through the manipulation of social relationships by bullies or injuring the reputation of the victims.⁶⁻⁸

Despite the common assumption that bullying is a normal part of childhood and encompasses minor teasing and harassment, researchers increasingly find that bullying is a problem that can be detrimental to students'

well-being.⁹ Bullying is a widespread problem in schools and communities and has a negative impact on school climate and on students' right to learn in a safe and secure environment without fear. Outcomes associated with bullying include loneliness, poor academic achievement, poor social adjustment and greater risk of drug and alcohol use, etc. Later in life some bullies behave aggressively towards partners, use harsh physical discipline with their own children, and their children are more likely to become bullies themselves. Bullying is a psychological problem connected with public health.¹⁰⁻¹²

Keeping this background in mind, this study was conducted to find out the prevalence of bullying and its association with socio-demographic characteristics in school going children in Imphal West district, Manipur.

METHODS

This cross sectional study was done among the class VII and VIII students of government and private schools in Imphal West District, Manipur from May-June 2017. Those who refused to participate and those who were absent on the day of visit were excluded from the study. The sample size was calculated to be 920 taking into account 60% prevalence, 5% absolute allowable error, design effect of 2 and non-response rate of 20%.¹³ Stratified cluster sampling was done (Figure 1).

Study tool

The questionnaire consisted of socio-demographic informations regarding age, gender, education of parents, occupation of parents, family structure, religion, any other sibling studying in same school and questions on bullying

Outcome variables

Victim, Bully and Both, i.e., victim and bully

Operational definition

Victim

A student is defined as 'being bullied' when another or several other students say mean and hurtful things or make fun, call him/her hurtful names, completely ignore or exclude him/her from their group of friends or leave him/her out of things on purpose; hit, kick, push, shove around, tell lies or spread rumours about him/her every week or more in the term

Bully

A student is defined as 'a bully' when he/she say mean and hurtful things or make fun, calling others hurtful names, completely ignore or exclude others from their group of friends or leave others out of things on purpose;

hit, kick, push, shove around, tell lies or spread rumours about another person every week or more in the term

Data collection

Prior to the study initiation, a written permission from the authority (Principal) was sought. Participants in each class room were collectively given an explanation about Bullying, type and form of bullying by giving examples in English as well as local language (Manipuri). After explaining the purpose of the study, an informed oral assent was taken from all the participants. The participants were reassured about their anonymity at the time of questionnaire administration. Each part of the questionnaire was then explained and then distributed to the participants while asking them to clarify any doubts they might still have. They were given 15-20 minutes to complete the questionnaire. They were also asked to write in Manipuri if they could not express themselves clearly in English. The filled in questionnaire were then collected after checking for completeness.

Statistical analysis

Data was collected and checked for consistency and completeness. Data was entered in IBM SPSS Statistics for Windows, version 21.0. Armonk, NY: IBM Corp software for windows. Descriptive statistics like mean, SD and percentage was used. Chi square test was used to test for association between proportions of the data. A probability value of <0.05 was taken as significant.

Ethical issues

Approval was obtained from the Research Ethics Board, RIMS, Imphal. Informed verbal assent was taken from the participants before data collection. Data collected were made accessible only to the investigators.

RESULTS

From the 10 schools visited, 921 students participated in this study, of which majority, 534 (58%), were females. Majority of the educational level of both parents of students were Graduate and above. Almost 90% of the students lived with both parents and almost three fourth of the students were hindu by religion. Almost two-third of the students had siblings studying in the same school (Table 1).

Out of 921 students, 298 (32.4%) were victims of bullies, while 154 (16.7%) were both victim as well as bullies. Thus, a high proportion of students were victim of bullies in this study i.e, 452 (49%). 103 (11.2%) of the students were involved in bullying others (Figure 2). The most common form of bullying was physical form (57.9%) followed by verbal form (49.7%) (Figure 3).

Decrease in self-confidence was the most common consequence faced by victims after being bullied. Almost

one third and one fourth of the students were reluctant to go to school and felt unsafe at home after being bullied (Table 2).

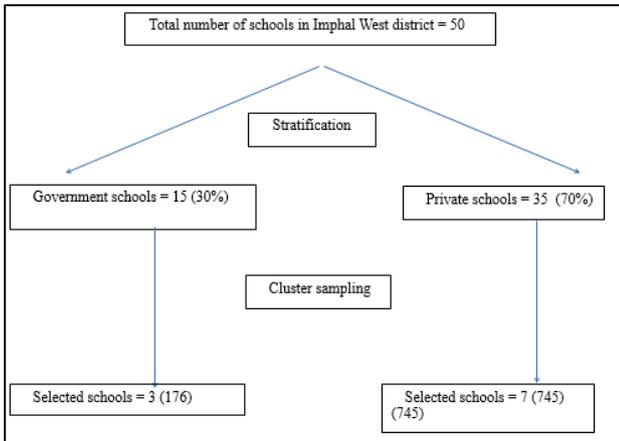


Figure 1: Flowchart depicting the selection of schools.

Table 1: Socio-demographic characteristics of the participants (n=921).

Socio-demographic characteristics	N (%)
Gender	
Male	387 (42)
Female	534 (58)
Type of school	
Government	176 (19.1)
Private	745 (80.9)
Education of father *missing=34	
Illiterate	38 (4.3)
Upto class 10	175 (19.7)
Upto class 12	172 (19.5)
Graduate and above	502 (56.5)
Education of mother *missing=39	
Illiterate	74 (8.4)
Upto class 10	245 (27.7)
Upto class 12	193 (22)
Graduate and above	370 (41.9)
Family structure *missing=18	
Living with both parents	805 (89.1)
Only mother	42 (4.7)
Living away from home	27 (3.0)
Step parent	11 (1.2)
Only father	10 (1.1)
Grandparents	8 (0.9)
Religion *missing=21	
Hindu	655 (72.8)
Muslim	18 (2.0)
Christian	79 (8.8)
Others	148 (16.4)
Siblings studying in same school *missing=23	
Yes	349 (38.8)
No	549 (61.2)

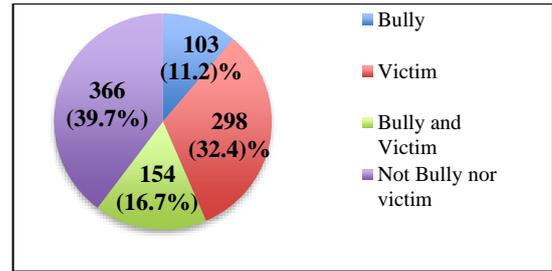
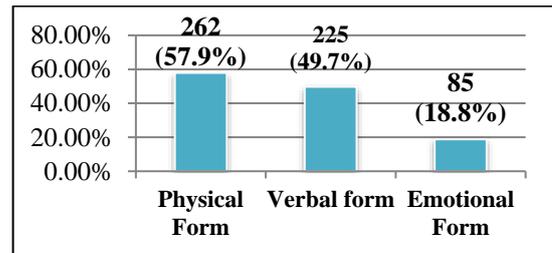


Figure 2: Prevalence of bullying (n=921).



*More than 1 answer allowed.

Figure 3: Types of bullying (n=452).

Table 2: Consequences after being bullied (n=452).

Consequences	Yes n (%)	No n (%)
Decrease in self confidence	198 (43.8)	254 (56.2)
Reluctance to go to school	134 (29.6)	318 (70.4)
Feeling unsafe at home	103 (22.8)	349 (77.2)

Table 3: Association of socio-demographic characteristics with being bullied.

Socio-demographic characteristics	Have you been bullied?		P value
	Yes n (%)	No n (%)	
Gender			
Male	196 (50.6)	191 (49.4)	0.463
Female	256 (47.9)	278 (52.1)	
Education of father *missing			
Illiterate	25 (65.8)	13 (34.2)	0.000
Upto class 10	100 (57.1)	75 (42.9)	
Upto class 12	96 (55.8)	76 (44.1)	
Graduate and above	216 (43)	286 (57)	
Education of mother *missing			
Illiterate	51 (68.9)	23 (31.1)	0.000
Upto class 10	138 (56.3)	107 (43.7)	
Upto class 12	106 (54.6)	88 (45.4)	
Graduate and above	145 (39.2)	225 (60.8)	
Any sibling studying in same school? *missing			
Yes	174 (49.9)	175 (50.1)	0.949
No	273 (49.6)	277 (50.4)	

Boys were more likely to be bullied than girls, though this finding was not significant. Low education level of both mother and father were significantly associated with getting bullied (Table 3).

Boys were significantly more likely to involve in bullying others when compared to girls ($p \leq 0.001$). There was no significant association of educational level of both parents with involvement of bullying others (Table 4).

Table 4: Association of socio-demographic characteristics with those who ever bullied others.

Socio-demographic characteristics	Did you ever bully?		P value
	Yes	No	
Gender *missing			
Male	189 (49.1)	196 (50.9)	<0.001
Female	171 (33.1)	346 (66.9)	
Education of father * missing			
Illiterate	18 (47.4)	20 (52.6)	0.537
Upto class 12	73 (43.5)	95 (56.5)	
Upto class 10	69 (40.4)	102 (59.6)	
Graduate and above	190 (38.5)	304 (61.5)	
Education of mother *missing			
Illiterate	27 (36.5)	47 (63.5)	0.931
Upto class 12	76 (40.9)	110 (59.1)	
Upto class 10	95 (39.1)	148 (60.9)	
Graduate and above	144 (39.7)	219 (60.3)	
Any sibling studying in same school? *missing			
No	230 (42.7)	309 (57.3)	0.052
Yes	123 (36.1)	218 (63.9)	

DISCUSSION

Bullying among children is a significant public health problem world-wide.² Studies show variability in the prevalence of bullying and victimization across countries, ranging from 15% to over 50%.¹⁴ In a 2005–2006 study of 40 countries, 26% of children in 6th–10th grade were involved in bullying, 10.7% as bullies, 12.6% as victims, and 3.6% as bully-victims.¹⁵ This is in line with our study that almost one-third (32.4%) of the students were victims of bullying, 11.2% students were exclusively bullies and approximately 16% participants were both bully and victims. More than half of the victims suffer from physical form of bullying, followed by verbal and emotional form of bullying in contrast to findings of other studies where verbal form was found to be the most common form of bullying.^{16,17} Turkmena et al, Shetgiri R, Juvonen J et al found out that males were more likely to bully as compared to girls which is in line with this study.^{1,2,18} The students whose parents had a lower level of education carried a significant potential of being a victim of bullying in this study. Other studies also observed that low education level of parents was associated with bullying behaviour of the child.^{1,19}

Education being one of the indicators of socio-economic condition, it is pertinent that illiteracy is significantly associated with bullying.

There are significant short and long-term psychosocial consequences of bullying. Bullies may experience poor school adjustment and academic performance, higher rates of alcohol and substance use, and increased externalizing behaviour.^{11,20-22} Long-term consequences include antisocial development, intimate partner violence perpetration, unemployment, delinquency, and criminality in adulthood.^{6,23,24} Feeling unsafe at school, reluctant to go to school and losing self-confidence were the immediate consequences after getting bullied in this study.

The high prevalence of bullying and victimization shown in this study suggests the need of prevention and intervention programs at the start of elementary school. Our findings provide insight into which forms of bullying are common at this age, which is essential for interventions targeting the most prevailing forms of bullying behaviour. Physical and verbal bullying was widespread; these overt behaviours can easily be recognized and are a possible target of interventions by school teachers. Not only schools, interventions should be targeted at the family and community levels too since socio-economic status including illiteracy as found in this study is also important in determining bullying and victimization.

CONCLUSION

Almost half of the students were victims of bullying. The high prevalence of bullying and victimization shown in this study suggests the need of prevention and intervention programs at the start of elementary school, at the family and community level.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Turkmena N, Dokgozb H, Akgozc S, Erend B, Vurale P, Polatf O. Bullying among High School Students. *Maedica J Clin Med.* 2013;8(2):143-52.
2. Shetgiri R. Bullying and victimization among children. *Adv Pediatr.* 2013;60(1):33-51.
3. Espelage DL, Swearer SM. Research on school bullying and victimization: what have we learned and where do we go from here? *School Psychol Rev.* 2003;32(3):365-83.
4. Kiriakidis SP, Kavoura A. Cyberbullying: a review of the literature on harassment through the Internet and other electronic means. *Fam Community Health.* 2010;33(2):82-93.

5. Hinduja S, Patchin JW. Bullying, cyberbullying, and suicide. *Arc Suicide Res*. 2010;14:206-21.
6. Smokowski PR, Kopasz KH. Bullying in school: an overview of types, effects, family characteristics, and intervention strategies. *Child Sch*. 2005;37(2):101-10.
7. Lamb J, Pepler DJ, Craig W. Approach to bullying and victimization. *Can Fam Physician*. 2009;55:356-60.
8. Merrell KW, Gueldner BA, Ross SW. How effective are school bullying intervention programs? A meta-analysis of intervention research. *School Psychol Q*. 2008;23(1):26-42.
9. Lawrence R. *School Crime and Juvenile Justice*. New York: Oxford University Press, 1998.
10. Nansel TR, Overpeck MD, Haynie DL. Relationships between Bullying and Violence among US Youth. *Arch Pediatr Adolesc Med*. 2003;157:348-53.
11. Nansel TR, Overpeck M, Ruan WJ. Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. *JAMA*. 2001;285:2094-100.
12. Kshirsagar VY, Agarmal R, Bavdekar SB. Bullying in schools: prevalence and short-term impact. *Indian Pediatr*. 2007;44:25-8.
13. Yadav A, Mehta D. A study of bullying in elementary school students of Varanasi city. *Int J Education*. 2015;5(1):13-20.
14. Molcho M, Craig W, Due P. Cross-national time trends in bullying behaviour 1994- 2006: findings from Europe and North America. *Int J Public Health*. 2009;54:225-34.
15. Craig W, Fisch Y, Grinvald H. A cross-national profile of bullying and victimization among adolescents in 40 countries. *Int J Public Health*. 2009; 54:S216-S224.
16. Brito CC, Oliveira MT. Bullying and self-esteem in adolescents from public schools. *J Pediatr*. 2013;89:601-7.
17. Moura DR, Cruz AC, Quevedo LA. Prevalence and characteristics of school age bullying victims. *J Pediatr*. 2011;87:19-23.
18. Juvonen J, Graham S, Schuster MA. Bullying among young adolescents: the strong, the weak, and the troubled. *Pediatrics*. 2003;112(6):1231-7.
19. Jansen PW, Verlinden M, Dommisse A, Mieloo C, Ende J, Veenstra R. Prevalence of bullying and victimization among children in early elementary school: Do family and school neighbourhood socioeconomic status matter?. *BMC Public Health*. 2012;12:494.
20. Smokowski PR, Kopasz KH. Bullying in school: an overview of types, effects, family characteristics, and intervention strategies. *Child Sch*. 2005;37(2):101-110.
21. Sourander A, Helstela L. Persistence of bullying from childhood to adolescence - a longitudinal 8year follow-up study. *Child Abuse Negl*. 2000;24(7):873-81.
22. Nansel TR, Craig W, Overpeck MD. Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Arch Pediatr Adolesc Med*. 2004;158(8):730-6.
23. Pepler D, Jiang D, Craig W. Developmental trajectories of bullying and associated factors. *Child Dev*. 2008;79(2):325-38.
24. Farrington DP, Ttofi MM. Bullying as a predictor of offending, violence and later life outcomes. *Crim Behav Ment Health*. 2011;21(2):90-8.
25. Tippet N, Wolke D. Socioeconomic status and bullying: a meta-analysis. *Am J Public Health*. 2014;104(6):48-59.

Cite this article as: Dutta G, Visi V, Konjengbam S, Marak RC. Bullying among middle school students: a cross sectional study. *Int J Community Med Public Health* 2021;8:1282-6.